IMG

International Management Group

Project Proposal

The Silk Homes

Home for Education
information
and safe delivery

Executive summary

“The Silk Homes” ~ multi-function centres for information, education and safe delivery for remote areas in Laos.

The project plans to build one Maternity Waiting Home (MWH) -or a *“Silk Home”* - in each of the 17 districts of the Provinces of Saravan, Sekong and Attapeu, located in the South of Lao PDR and characterized by remote and mountainous areas on the border between Viet Nam and Cambodia, where Maternal and Infant Mortality Rates (MMR & IMR) and poverty are particularly high.

The MWHs - already introduced in other developing and developed countries as well as in Lao PDR under a pilot project, are part of the MOH strategy in order to improve the health of Mothers and Children of people living in remote and economically disadvantaged areas. The principal local counterpart for this project will be the Laotian Ministry of Health.

The main objective of the project of the *“Silk Home”* is the reduction of Maternal Mortality Rate (MMR) & Infant Mortality Rate (IMR) by providing easy access to adequate medical services during the most critical period of the reproductive process. However the more general objective is the improvement of health in communities and ethnic minorities living in remote and isolated mountains, by integrating various health programmes with economic interventions and small income generating activities, granting micro credits, facilitating marketing of local products and by organizing training and health education courses for mothers.

The project plans integration and cooperation of various initiatives and programmes, in order to improve the health of mothers and children and reduce their morbidity and mortality. Attention will also focus on the improvement of their economic situation through practical training courses geared to improve the existing production of handicrafts and, particularly, silk weaving***,*** for their possible marketing.

In view of the above, the “Silk Home” represents not only a centre where women can be accommodated and receive proper medical attention during the last period of the reproductive process, but also a centre where they can learn how to increase their income by improving their handicraft production, or farming skills or by establishing small scale business through micro credits.

In order to accomplish the above, the *“Silk Homes”* will also be a working place, provided with appropriate equipment, such as sewing machines, embroidery, weaving looms, facilities for dyeing silk, production of “terracotta”, and similar activities already familiar to village women. Each *”Silk Home”* will also have a piece of land devoted to demonstration kitchen gardens and small animal rearing. By working in the garden women and their family members will learn appropriate technologies, such as composting and fertilizing, that will be useful for their food production once back at home with the simple gardening instruments required.

It is anticipated that, during the 2 years of project operation after the opening of the 17 “Silk Homes”, approximately 8-10,000 women will have utilized the facilities and have benefited from the learning and practical activities attended during the waiting period.

The total anticipated cost for the two-year operation is **€ 2,000,000**.

1. Introduction and Background

General

The Lao People's Democratic Republic (PDR), with a per capita income of approximately $US 320 mostly derived from agriculture, is one of the Least Developed Countries (LDC), and one of the poorest, in the world.

The Lao PDR Government is well aware that the low life expectancy (53 years for men and 56 for women), resulting from infectious diseases and further aggravated by poor nutrition and lack of hygiene and sanitation, represents one of the major obstacles to harmonious and well-balanced development of the country.

Frequent infections, intestinal and parasitic diseases combined with a poor health system that hardly meets the needs of the population, reduce agricultural production and retard the development process in general.

Low levels of education and widespread illiteracy (70% of adult population), along with many dialects which are often different within the same major groups of ethnic minorities, make communication, the dissemination of information and the community mainstreaming very difficult.

The mountainous nature of the country, with only the 3.8 % of the land suitable for agriculture, a large portion of which is littered with unexploded ordnances (UXOs) dropped during the Viet Nam war, contributes to the difficult economic conditions and low agricultural productivity.

One of the major factors contributing to the low life expectancy is a high infant and, especially neonatal, mortality rate, caused by poor obstetric and neonatal care.

The uncertainty of neonatal survival results in a higher birth rate (national average is 36/1,000 but the figure is considerably higher in remote areas), so that there are some survivors to take care of the aging parents. However, the high birth rate and frequent childbearing further aggravates the health of the mother and therefore of other members of her family. Repeated infectious diseases and lack of food further aggravate the general condition of the population.

The above situation is particularly serious for populations in remote mountain areas with difficult access to medical services and without any knowledge of how to improve their basic health, social and economic conditions.

The proposed project is in line with the policy of the Lao PDR Government. The government is well aware of how difficult it is to provide an adequate medical service to isolated communities and to send a medical emergency team to deal with obstetric complications in remote areas. It has already approved a pilot project, promoted by the WHO, and partially financed by UNDP, for the construction of a Maternity Waiting Home (MWH). This MWH has been built within the premises of a district hospital and can accommodate mothers for a few weeks before their expected date of delivery. The women are admitted while they can still face the long journey to a medical facility, even if this requires a walk taking several days.

The proposed strategy has been tested successfully in various countries. However, in view of the population distribution in remote areas and the geographical connotation of the country, this approach is particularly suitable to Lao PDR and is the only way to provide adequate medical care during the final weeks of pregnancy, delivery and post-partum.

In addition to providing a safe and hygienic delivery, assisted by well-trained personnel, such a strategy also allows complications to be identified in time to treat them effectively. This will decrease the MMR and IMR and help to achieve the related Millennium Development Goals. However, another great advantage, offered by this initiative, is to enable doctors and midwives to care for poor and

disadvantaged women during the final and crucial months of their pregnancies, by providing them with TT, nutritious food, iron, vitamins, de-worming tablets and information & education on a large number of health-related issues. After delivery they are on hand to be given advice on contraception.

The knowledge of the above elements is considered essential to improve nutrition and health status, thereby contributing to the achievement of the Millennium Development Goals, promoted by the UN and strongly supported by the Lao PDR Government. The project is, therefore, an integral part of the Lao PDR general development plan.

The project is likewise part of a "pilot initiative" of a wider health system development plan approved by the Government and promoted with a financial contribution from WHO and UNDP. However, the present proposal introduces various other elements by integrating different health and economic programmes and extending the geographical coverage to areas where MCH services are insufficient to meet the population needs.

National and Regional Context

In spite of recent economic progress, Laos continues to be one of the poorest countries in the world, with one of the lowest pro-capita incomes in South-East Asia, ranked 133 over a total of 177 countries in the UNDP "Human Development Report 2005". The Lao PDR is a land-locked country bordering China, Viet Nam, Cambodia, Thailand and Myanmar. As such, Laos does not have access to a seaport. For several decades it had very little contact with the outside world, (with the exception of China and Viet Nam). Its people had hardly any possibility to be educated abroad.

From the end of the 18th to the end of the 19th century, Lao PDR was under the domination of Siam (now called Thailand) before it became part of the French Indochina. A French-Siamese treaty in 1907 established the present border between Laos and Thailand. In 1975 the Communist Party of Pathet Lao took political power by defeating the centennial monarchy with the help of Viet Nam, thereby establishing close cooperation between the two countries.

Since 1986, there has been a gradual return to private enterprise by the liberalization of laws related to foreign investment and with the admission of Laos, in 1997, to ASEAN. This has contributed to a partial opening-up of the country, leading to considerable investment in tourism and trade, especially with Thailand. Industrial development, however, remains very poor.

Large areas of the country are still made dangerous by unexploded ordnance –UXO, (ordinance that did not explode when the USA dropped more than 2 million tons of bombs all over the territory, during the Viet Nam war). Approximately 30% of bombs did not detonate. Many of them are now hidden under vegetation, or are covered by a thin layer of soil, exploding when moved or accidentally disturbed by a plough. In the last 30 years there have been more than 10,000 accidental explosions that have killed, blinded, maimed or caused permanent handicap to thousands of people.

The end of the war left the ethnic minority of Hmong, (who collaborated with the American CIA) totally marginalized and isolated in the forests and, until today, several communities still live isolated in far away mountain with hardly any contact with civilization.

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In spite of the dangers posed by accidental explosions and the scarcity of agricultural land, (only about 4%, along the Mekong valley and its tributaries, out of a total land area of 236,800 Km2), the Lao economy continues to rely on agriculture, with 80% of the entire population employed in this sector producing rice, vegetables, fruits, spices, coffee and cotton, mostly for the internal markets.

Exports are limited to timber, coffee, handicrafts, hand-woven silk, precious stones and hydroelectric power. However, most of the income generated by the export of timber (recently decreased after wide deforestation) goes to a few licensed logging companies. Private mineral companies exploit, with limited manpower, the deposits of precious stones. The income generated by electrical companies is mainly

used to run the Government; therefore the local population does not get significant economic benefits from these activities.

Therefore, agricultural and the production of handicrafts represent the only direct income for 80% of the population. Better quality of products, especially of hand-woven material, as envisaged by the present project, will definitely improve the economic condition of the families and the women that will use the "*Silk Home*".

Sectoral Context

The present project deals mainly with the health sector. However, since "health" is not only the absence of diseases, but a complete physical, economic, social and spiritual well-being, the project deals also with other issues that, directly or indirectly, affect health, over which they might have a positive impact.

The project will have to pay special attention to several specific cultural and educational aspects. Generally speaking, there is very little awareness and knowledge of the real causes of disease. Diseases are often attributed to spirit forces, rather than to specific infectious agents, and, as such, are not considered curable with medicine or medical interventions. As a result, only 14% of people seek medical help when they are ill, while the other 86% use a large array of traditional remedies. These can be extracted locally from vegetable products (bark, leaves, roots etc.) or from animal parts (liver, gall bladder, pulverized bones, etc.) or can be represented by "western medicines" obtained in small stores, under the advice of untrained people. As a result, wrong dosages, and incomplete regimens resulting in resistance to antibiotics are very frequent.

Traditional treatment might be followed by spontaneous healing, (wrongly attributed to the efficacy of the treatment the use of which therefore becomes popular) or by a deterioration of the disease. If this happens, the sick person goes to the Government health services but the disease has often progressed so much by then that any medical care is too late to be effective.

Therefore, the reputation of medical services (whose quality and capacity are already very poor) is further reduced and their use declines even further. With so few patients, the clinical, diagnostic and treatment capability, as well as the knowledge and competence of health staff, rapidly gets worse or disappears altogether.

Some traditions and popular beliefs damage the health of people. There are many dietary restrictions and food taboos the details of which depend on the village or ethnic minority sampled. For instance eggs cannot be eaten because "the foetus might not develop properly"; orange or red fruit (that might be good for Vitamin A) is restricted as it "can induce haemorrhage". As a result many nutritious foods, sources of vitamins, proteins and minerals are excluded from normal diets.

According to the traditions, immediately after delivery, mothers have to follow a very strict diet with "white polished glutinous rice" and salt, causing an acute lack of Vitamins of the B group and sudden infant death from acute liver insufficiency. One of the most common and dangerous practices is related to the discarding of the colostrum (considered "bad milk") and to the feeding of the newborn with pre-chewed rice or with water and sugar or even condensed sweetened milk, often diluted, in various concentrations, with non-drinking water.

In order to overcome the consequences of harmful traditions, the project will have to carry out a careful programme of health education using various strategies, for instance appreciating and sustaining traditions that are useful or harmless and, at the same time discouraging and finally eliminating harmful traditions and beliefs.

Culture, traditions and beliefs may hamper the use of medical services. However, another large obstacle is represented by the geographical configuration of the country, with high mountains and wide rivers to cross in areas where there is an absence of roads and public transport. These elements make the referral and transport of sick people to health centres and hospitals extremely difficult.

The project will confront and overcome the above problems by:

- informing and involving isolated communities and making them aware of the rationale of the project;
- identifying beneficiaries and educating them on the sudden risks related to pregnancy and delivery;
- improving the quality of care of the district hospitals and building up confidence in health staff through better interpersonal communication;
- encouraging mothers to report to the "*Silk Home*" 2-3 weeks before their Expected Delivery Date (EDD), when they are still able to make use of normal transport. In some cases transport costs will have to be reimbursed;
- educating communities on health subjects;
- training women on how to improve the quality of their handicrafts and usual domestic products, (focusing on hand-made silk production);
- distributing a large number of tools in common use and essential medicine to be used immediately and after their return to the villages (kitchen and agricultural tools, mosquito nets with insecticide tablets for their re-impregnation, clothes for the baby, oral re-hydration salts, drugs for intestinal parasitic diseases, etc.).

All the above initiatives, introduced by the project through the "*Silk Homes*" using an "integrated approach" will be promoted through the cooperation of UN organizations and NGOs already operating in various districts.

The Government is already supporting the establishment of projects to assist the most disadvantaged and poorest sectors of the population. The WFP has initiated a large nutritional programme for more than 50,000 school children in selected deprived areas of the country. Nutritional supplements will be given to pregnant mothers during their final stages of pregnancy, when they stay in the "*Silk Home*".

The Ministry of Health, in close cooperation with WHO, has established a programme for "Community Based Health Insurance"(CBHI). The same programme will be introduced into the project areas; in order to ensure sustainability of activities when the project funding will cease.

The MOH has also introduced a large de-worming programme, because intestinal parasitic diseases affect almost 90% of the population in certain areas.

During the formulation phase of the pilot project, there has developed excellent cooperation between the Faculty of Medicine in Laos (Ministry of Education) and the Faculty of Medicine of Calgary (Canada) for the improvement of the medical curricula. The new (medical) doctors, trained according to the revised curricula, will be sent to the project areas, in order to increase trust and confidence in the medical services by improving the quality of care at those district hospitals where the "*Silk Homes*" will be established.

The project and the management team of the "*Silk Homes*" will develop close cooperation with the nearby District Hospital. These hospitals will be progressively staffed with doctors who have followed the training courses developed by Calgary University. Such courses include basic knowledge of the rationale behind the "*Silk Homes*", of normal deliveries and how to deal with their common complications, and how to recognise serious complications in time to stabilize the patient and transfer her to the provincial hospital.

In addition the project will cooperate with the Global Fund for Fighting Aids, TB and Malaria (GFATM) that already provides large financial assistance to Lao PDR.

The Project replicates, and extends geographically, a positive pilot project with the same aims, which was promoted by WHO. It utilizes the lessons learned from the pilot and integrates several services, programmes and management concepts, while, at the same time, taking into account the local context.

Project Justification

In Lao PDR, 2.5 million people (out of a total of 6.2) live in small remote mountain areas at a considerable distance from the nearest medical centre. The time taken for the journey can vary from a few hours walk to 6-7 days march over mountain tracks and rough roads. During the rainy season, many villages are isolated for several days or weeks.

Under the above conditions, if a pregnant woman goes into labour in her village, it is impossible to transfer her to a medical centre for urgent care. Simple complications occurring during delivery that could be easily addressed, by trained medical personnel, at district level, may become fatal and contribute to the extremely high Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR)

In the absence of means of communication, transport and mobile medical teams, it is impossible to send medical personnel to remote villages to deal with unforeseen complications.

Therefore, the only possible alternative is for mothers to wait, for two or three weeks before the expected time of delivery, close to a medical centre, where they can receive the adequate medical care should a complication arise.

During the waiting period, mothers will receive nutritious food and any necessary medical treatment both for themselves and for their existing children, who will inevitably accompany their mothers to the "*Silk Home*". Trained personnel will attend the women during the last weeks of pregnancy and during the delivery. Minor complications can be dealt with at the nearby District Hospital. However, if major complications occur, women can be easily referred from the district level to the Provincial Hospital.

The waiting period is used to educate expectant mothers on matters related to health promotion and disease prevention, as well as to provide basic information of various income generating activities (e.g. introducing micro-credits for semi-commercial initiatives, improving weaving and the production of silk material, etc.).

Specifically, the project aims to reduce maternal and infant morbidity and mortality by providing easy access to appropriate medical care during the most crucial phase of childbirth. Generally the objective is the improvement of the health of isolated communities, and of ethnic minorities living in remote mountain areas, by integrating various health programmes with economic and small-scale income generating activities, by providing information and education to women and through "mainstreaming" activities.

The main factors, contributing to unfavourable living conditions, include the isolation of the majority of the villages, extreme poverty, especially in rural areas, and some harmful traditional practices, which are dangerous during delivery (for example, excessive pressure over the abdomen before the cervix is fully dilated, and deliveries conducted by the mother herself, alone in the forest, without any medical assistance.)

In the proposed project area there are underprivileged ethnic minorities, with some of the health indicators worse than the national averages, as indicated in the table at Annex(second table)
It is reasonable to assume that the lower IMR and U5MR indicated as lower than the national averages in two of the Provinces, is actually due to failure to report and register vital events, rather than better health care (children are often not even given a name until their first birthday)

Project Scope

The areas for the project implementation, identified in consultation with local authorities, include the provinces of Saravan, Sekong and Attapeu, in the South of the country, where there are remote

mountain areas in border regions between the Lao PDR, Viet Nam and Cambodia and where there are very high MMR, IMR and poverty levels

The three Project Provinces include 17 Districts in the 3 Provinces are indicated on the attached map:

The most recent available data for the population in the 17 selected districts is shown in Annex 2

According to these figures the total number of people who are potential beneficiaries is 476,061. Considering that the average fertility rate in the 3 provinces is 5.6/woman and the birth rate is 42.3/1,000 in the 3 provinces, the project is expected to give a total of 20,137 pregnant women an opportunity to deliver in the "Silk Home", cared for by trained health personnel, every year.
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In brief, the project for the *"Silk Homes"* plans to:

- build the *"Silk Homes"* with 8-12 beds each either within the grounds of district hospitals or within easy reach of them,
- improve the delivery room in each district hospital and provide medical equipment necessary to deal with minor complications;
- develop and train health workers;
- provide a working place and the equipment needed for the weaving of silk and/or the production of other handicrafts;
- provide a working place and the equipment needed for various activities connected with the local economy, such as: embroidery, basket making, the processing and packaging of local products, (coffee, dried fruits, sesame oil, etc.), depending on local customs and the requirements of the market
- provide a demonstration "kitchen garden" of ½ hectare, for the production of vegetables and farmyard animals for local consumption.

In the *"Silk Homes",* women will be allowed to adopt their traditional positions during delivery, under safe conditions and be attended by trained health personnel. However, if a minor complication, which would probably be fatal at village level, occurs, the pregnant mothers can be transferred to the district hospital delivery room or, in case of more serious complications, to the Provincial Hospital, where the complete "Essential Obstetric Care" (EOC) treatment is available.

The location of the *"Silk Homes"* will be selected according to prevailing demographic, and geographic criteria, the distance of the district from the provincial hospital, the availability of local transport, and existing economics and development, (health indicators, fertility rates, etc). The political authorities and population will be consulted, providing an opportunity to discuss the basic aims and functions of the *"Silk Home"*.

The need to establish the "*Silk Homes*" is supported by the geographic, economic, social and cultural conditions of the country.

Issues

Only 7 to 10% of women deliver under the care of the medical services. For a long time the major cause for women failing to use the medical services has been attributed to the fact that the health services cover only a limited area of the country, effectively excluding those women who live far from the medical centres. But available data show that even mothers living close to the health centres or hospital, rarely make use of them for their delivery, which generally takes place at home. Delivery is often considered as a natural and physiological event, for which there is no need of medical care. In addition, the generally inadequate experience of doctors in dealing with deliveries, lack of medicines and appropriate medical equipment and the difficult interpersonal communication between health staff and patients discourage mothers from using the health services.

However, there is a considerable difference between the MMR in urban and rural areas. This suggests that, when complications occur, women in urban areas have an easy access to emergency EOC that is not available or accessible for women living in remote areas.

The "*Silk Homes*" will provide easy and immediate access to district medical services for minor or moderate complications (~7% of the total pregnancies) and easy transport to provincial hospitals in case of major complications, often requiring a caesarean section or other surgical intervention (~3% of total pregnancies).

In order to expand the use of the "*Silk Homes*", it will be necessary to overcome some cultural and logistic problems, such as:

- lack of confidence and trust in medical services (by improving medical knowledge, upgrading facilities and equipment, upgrading quality of care and ensuring better interpersonal communication);
- the reluctance to use the "*Silk Homes*" (with information, awareness and participation of the communities and with regular visits of the mobile teams and MCH services);
- problems related to the absence of the mother during her stay in the home (by organizing the mother's replacement through the involvement of family members, neighbours, TBA, etc.);
- the need to subsidize the cost of transport (by partially or totally reimbursing transport expenses through project funds or the "CBHI" scheme.

Mothers who will be "satisfied" by their welcome at the "*Silk Homes*", by the activities performed therein, by the additional knowledge and information obtained during the waiting period, by the medical assistance received and, especially, by the safe, clean and positive outcome of the delivery, will definitely advertise their experience and promote the use of their local "*Silk Home*" once back in their village.

The use of the "*Silk Homes*" will be further encouraged by the initial distribution of cooking utensils, or tools to be used to improve quality of handicrafts or agricultural products, by distribution of essential medicines to be taken at home or by the granting of micro credits to encourage small businesses. This will help to overcome the problems related to cultural barriers, to traditions and beliefs, or to the lack of trust in the medical institutions.

2. Beneficiaries, counterparts and other stakeholders

Main Beneficiaries

In the Lao PDR, 20% of the population live in urban areas and the remaining 80% (or 4,970,000 people out of a total of 6,217,000) live in rural areas. Approximately 50% of these live within, or in the vicinity of, a district centre, where there is a district hospital, a few shops and a market. The remaining 50% (or 2,485,000 people) live in remote areas; in small villages with a population that might vary from 150 to as many as 1,000 and at a distance from the nearest health centre that might range from few hours walk up to 6-7 days marching along mountain tracks.

The entire country is divided into 16 Provinces, one Municipality and one "Special Zone". Each Province has a certain number of districts for a total of 144, each with a population that might vary from 5-6.000 to 30-40.000. Considering a total population of 476,061 in the 3 proposed provinces, the number of direct beneficiaries is approximately 96,651 women in the reproductive age-group (WRAG) (20.3% of the total) with a total of **18,177** deliveries expected each year

According to the lessons learned in similar circumstances, it is expected that there will be a 20% annual increase of the use of the "*Silk Homes*". According to this assumption, considering a total of 17 "*Silk Homes*", bearing in mind their phased expansion and assuming a homogeneous distribution of the population over space and time, it is expected a gradual increase of beneficiaries as per following table:

Expected users

	First year	**Second year**	**Total**
17 Homes	**3,635**	**7,270**	**10,904**

At the end of the second year of activity it is expected that at least 10,000 women will have had a safe and clean delivery, with considerable reduction of maternal and infant morbidity and mortality, and that they will have had applied all the practical knowledge and preventive measures learned during the waiting period, thus improving, at the same time, their health and economic conditions.

It is therefore reasonable to expect the coverage of safe and clean deliveries to increase from 7-8% to 20-30%.

Counterparts

The Government of Laos has acknowledged that the proposed strategy is the only way to persuade women to deliver in safe and clean conditions, where they can be attended by trained medical personnel capable of identifying possible complications and who are able of taking the appropriate measures to stabilize the patient and refer her to the higher level of care should things go wrong.

The Ministry of Health confirmed that having deliveries conducted under qualified medical supervision is the only way to reduce the very high MMR and IMR. Therefore, the MOH supports the initiative that would contribute to the achievement of the Millennium Development Goals and, at the same time, would improve the economic condition, knowledge and education of mothers, while helping them to protect themselves and their families against endemic diseases.

Therefore, the Lao Government is committed to promote the initiative by informing the local authorities, at Provincial and District levels, of the support of ministers, to ensure that mothers referred from the "*Silk Home*" to provincial hospital for serious complications (approx 3% of total deliveries or 480 cases in 2 years of activities) will receive medical or surgical treatment free of charge.

In addition the Minister of Health, is committed to staff the district hospitals adjacent to the "*Silk Homes*" with newly trained doctors, better prepared to deal with public health problems, with obstetric care and briefed on the principles and rationale of the "*Silk Homes*".

The posting of such personnel is already part of a general development plan geared to improve the peripheral health services.

The land on which each "*Silk Home*" will be built, in the immediate vicinity of the District Hospital, will be identified in close cooperation with the local health authorities and the local Management Committee and will be made available free of charge

The project counterparts will be the MOH and, locally, the health authorities at district and village levels. A specific "Management Committee" for each "*Silk Home*" will be appointed and trained right from the start of the project.

From the beginning of the project, there will be the involvement and participation of local Traditional Birth Attendants (TBA), the chief of each village, the "Maternal & Child Health Care Services", with their itinerant immunization teams, and the provincial Health Directors of the three provinces, that operate under the monitoring and supervision of the MOH.

In addition to the above, the "Lao Women's Union" will be involved in the identification and recruitment of the instructors and community motivators, who will provide training to the personnel operating in each

"*Silk Home*", in order to encourage the women who are waiting into behavioural changes, (taking into account their personal learning abilities and inclinations).

Other stakeholders:

The list of stakeholders includes various Government sectors (MOH, Ministry of Education, Lao Women's Union, Agriculture, Ministry of Public Transport, Trade and Commerce, Telecommunications, etc.). Each one of the above sectors will be requested to contribute with advice and/or goods, according to their specific mandates (for instance tending kitchen gardens to increase local food production by the relatives of the women during their waiting period, the levelling of roads where necessary, expansion of telecommunication and mobile 'phone network, radio programmes in the local language, etc).

3. Overall Objective

The overall objective of this project is

The improvement of maternal and child health through a reduction of maternal and infant morbidity and mortality rates and a reduction in the target population of WRAGs of the incidence and prevalence of infectious disease, malnutrition and their complications through the health education of the "*Silk Home*" users and their families.

4. Specific Project Purpose

An increased number of medically assisted, clean and safe deliveries and consequent reduction of maternal and infant mortality and morbidity rates over a population of approximately 100,000 WRAG

A reduction in the target population of incidence and prevalence of infectious disease, malnutrition and their complications through the health education of the "*Silk Home*" users and their families;

An increase of the use of medical services by a total population of nearly half a million

An improvement of the economic conditions of the 10,000 mothers that are expected to receive training and information while waiting at the *"Silk Home"* or that will avail themselves of micro credits, through production and marketing of better quality handicrafts and silk clothes

Greater and timely use of medical services, solicited by their better management and closer service provider-client communication, with integrated and coordinated programmes and with improved quality of care, leading to better health outcome.

5. Strategy/Approach

The essential elements required for the success of the project will include, community participation at district and village levels and a strong political commitment, promoting the initiative by following the recognized hierarchy, starting from the chief of villages, council of elders, District Governors and representatives of the local authorities from health, education, women, agricultural and other sectors.

It is known that serious complications during pregnancy and delivery can occur at anytime without warning. However, the majority of serious complications can be foreseen, prevented and treated effectively if identified in time, provided that the woman is already near a medical centre. Because not all complications can be predicted, it is necessary for women to wait at the MWH for few weeks before their due date. Given the distances involved and the difficulties posed by any journey, the women need to be living near medical care and not at home.

The "*Silk Homes*" are intended to provide a friendly place, where mothers can deliver safely, in a clean environment, assisted by qualified medical personnel and where women can discuss their problems and

concerns freely and receive information, advice, health education, training and assistance to improve their health and their income generating activities

Initially, a few incentives will have to be given to the women staying in the MWH, to encourage them to leave their families, to undertake a long journey to the health centre and there wait until they have delivered safely. The incentives might be the reimbursement of the travel expenses according to fixed parameters or by free medical care and immunization services, by the food provided during the waiting period, by the discussions, training, health education and information programmes, by micro credits (if applicable), by the donation of mosquito nets and containers for their impregnation with insecticides, by de-worming tablets, contraceptives, vitamins, iron and folic acid etc.

By far the most important incentive will be the confidence and trust established between the mother and the health professionals with a healthy baby, delivered in a clean, safe and supportive environment, immediately protected with breastfeeding, with safe inoculation against tuberculosis and hepatitis and without the risks of developing tetanus, suffering from early gastro-enteritis because of wrong nutrition or becoming blind for ophtalmia neonatorum.

The success of these interventions will induce more mothers to make use of the *"Silk Homes*" and will ensure their sustainability over time and geographical expansion.

The basic elements that will lead to the success of the initiative can be summarized as follows

5.1. Community awareness and motivation

It will be necessary to explain to the communities that childbirth involves unpredictable and potentially fatal risks that can often be avoided if expert medical help is available. Generally, communities are very well aware of these risks: because the incidence of complications is very high in view of pre-existing pathology (e.g. anaemia, intestinal parasitic diseases, malnutrition and small stature, incomplete physical development, high prevalence of malaria and other infectious diseases, etc.).

Unfavourable physical and mental conditions for the mothers include, age at the first confinement, several pregnancies during the teenage years, pregnancies that are too close together, multiple childbearing, being over 35 years, etc.

Community members are also aware of the risks related to pregnancy and to delivery and to the possibility of unexpected fatal complications. In order to overcome the understandable reluctance of a mother to be absent from her village during the required period, the members of the community will have to be very well informed about the basic rationale and the reasons behind the establishment of the "*Silk Home*" and about the advantages in making use of them.

The "*Silk Homes*" will be promoted as a place where mothers are welcome and well treated irrespective of their social class, education or economic status. They will be real "homes" where the women will be well nourished and can be treated for the most common pathological conditions (anaemia, intestinal infections, etc.). "Homes" where women will be able to discuss their problems and how to deal with them. Places where women will receive education and be informed about a large number of health issues relevant to their daily lives and, finally they will be places where women will be able to deliver in a safe and hygienic environment, adopting their traditional positions if the delivery is normal. However, if a minor complication occurs, the mother can deliver safely at the nearby district hospital, whilst, in case of a major complication, she can be transferred in good time to the provincial hospital, where the full range of EOC is available.

Each community will be asked to identify a person in the village and "designate" her - most probably this will be the traditional birth attendant (TBA) - along with the chief of the village, to be responsible for the project. After the necessary briefing, these two local figures will:

- maintain the contact with the district health personnel;

- record the names of all pregnant women in the village;
- identify and report the expected delivery date (EDD) for every woman who is pregnant;
- identify the people responsible to ensure family support while the mother is absent;
- take care of the mother during her journey to the "*Silk home*";
- identify and report possible problems after the mother has returned to the village;
- provide selected essential medicine and contraceptives to the community.

5.2. Continuing education activities

The Project plans to provide continuing education for those in the "*Silk Homes*, which will be tailored to the needs of the beneficiaries.

During this phase also, attention will be given to the development of information, education and communication (IEC) material for the local communities., the development of training material for health personnel.

Local Health Staff and also traditional birth attendants (TBA) will receive regular training in Reproductive Health, according to their needs, by following a protocol agreed with Health Authorities.

All pregnant mothers, during the waiting period in the "*Silk Home*" will receive daily, specific information on health and social issues, which focus on maternal and child health and disease prevention, information and training on improvement of handicrafts and local products, and also information on the scheme and functions of *"Micro credits"* and *"Community Based Health Insurance"* (CBHI)

The Lao Women's Union will be requested to identify, in each "*Silk Home*", possible handicrafts or products, practised in the local economy, requiring quality improvement and increased production. Mothers will be taught how to use new basic technologies and to take them back to their villages, to enable them to continue production at home. The products will be marketed through each "*Silk Home*" management committee. Part of the income to used to pay the women and part to sustain and improve the "*Silk Home*".

5.3. Construction of the Silk Homes

The construction of the "*Silk Homes*" will be carried out with local material and labour. There will also need to be training on "*Silk Home*" management; for the personnel who will staff these facilities.

This phase also foresees the provision of medicines and basic medical equipment for the delivery room of the district hospital;

Finally, in order to develop the economic and economic educational component of the project , this phase will also deal with the provision of educational material for improvement of handicrafts (sewing machines, looms, ovens for "terra-cotta", containers for silk coloration, etc.) and the provision of tools required for the kitchen garden and the rearing of back yard animals

6. Expected Results

A network of 17 functioning maternity waiting houses in the three (3) target provinces.

A reduction of the prevalence and incidence of diseases among women in the reproductive age group and the a reduction in the incidence of premature death.

A reduction in the Maternal Mortality Rate (MMR) by up to 75% in the areas where the "*Silk Homes*" are operating. (From approximately 1.000-1.200/100.000 live births to approx 250-300/100.000 live births)

A reduction in the Infant Mortality Rate (IMR) by up to 75% in the above areas (from approx. 150-200/1.000 to approx. 37-50/1.000)

Granting of micro credits to 18-20% of mothers using the "*Silk Homes*" (approx. 3.000 women) and a consequent improvement of their economic conditions and income generating capacity

Improvement of hand-woven clothes (cotton and silk) by 25% of the users (approximately 2,500 families).

10,000 women making use of the *"Silk Homes"*. This would indicate a coverage of 28-30% of the total number of expected deliveries in the 3 selected Provinces.

7. Project Activities

The planned activities can be divided in the following categories

- Identification of the areas where to build the "*Silk Homes*" close to a district hospital;
- Information, awareness, creation and participation of the interested communities and political authorities;
- Selection, recruitment and training of the "Management Committee Members" that will be responsible and take care, on a daily basis, of the "*Silk Homes*";
- Building of the "*Silk Homes*" following the local architectural styles and with local materials, near to the district hospital;
- Training courses for health personnel (doctors, nurses, midwives, etc.)
- Provision of medical equipment, medicine, instruments etc., as required for the improvement of basic EOC functions at district hospitals, including management of selected obstetric complications;
- Collection of existing educational material and development of new training material for TBAs, health volunteers, medical staff and for the IECM activities directed towards the waiting mothers and their family members;
- Field education & information visits in remote villages to make people aware of the facilities offered by the "*Silk Home*" and the rationale for their establishment;
- Marketing and sale of handicrafts and hand-woven silk products or other clothes manufactured during the waiting period at the "*Silk Home*", in order to ensure an income to sustain activities and expenses including after the end of the project;

- Introduction of the *"Community Based Health Insurance"* to ensure the generation of the capital required to sustain economically the operations of the medical services of the "*Silk Home*" including after the end of the project.

7.1. Activities and execution details.

Activities	Intervention methodologies
Selection and recruitment of project managers: project director, accountant, secretaries and drivers	The recruitment of the project personnel will take place in close consultation with the NGO in charge of the project.
Identification of the constructions sites.	Discussions with the health and political authorities of the districts and the involved communities and identification of the best construction sites. This will provide an opportunity to introduce the concepts and rationale of the "*Silk Homes*", their functions, purposes, scope, management principles, etc.
IECM activities focusing on participation and involvement of interested communities and political authorities.	Meetings at central, provincial, district and village levels highlighting the purpose and functions of the "*Silk Home*" and their expected results.
Selection & recruitment of the members of the "management committees". Training of the staff directly responsible for the daily management and activities of the "*Silk Homes*";	Recruitment of trainers who will be visiting the selected districts, present the initiative to the local authorities, establish conditions for the construction of the "*Silk Home*", explain the roles and functions of the management committee and recruit local personnel for the daily management of the "Home".
Construction of the "*Silk Homes*" within the premises of District Hospitals, and according to local architectural styles, using local material and labour.	Pre-condition for the construction of each "*Silk Home*" is the availability - free of charge - of the necessary land for the building and for food production, along with a volunteer workforce motivated by the local Governor. An "official" construction company will, however, be contracted to verify the compliance with the required structural and architectural details required.
Refresher training courses for health personnel.	The project will coordinate and cooperate with the Faculty of Medicine - Vientiane - with the University of Calgary (Canada), with the MCH services at central level and with UN agencies for the organization of the training courses for health personnel. Short term Consultants will be recruited as required for the organization of the above courses.
Provision of medical equipment, medicines and supplies, as required, for the routine functions of the district hospitals	Identification of supplies, equipment and medicines needed. Procurement of the above and their phased distribution synchronized with training activities and construction of the "*Silk Homes*".
Collection of existing training material and development of new material as required for TBAs, Village Health Volunteers, medical personnel and for the IECM activities for expecting mothers during their waiting period at the "*Silk Home*";	Recruitment of STCs for the collection and critical revision of existing material and for the development of new IECM tools for training of health personnel and motivation activities for mothers and their family members.
Filed visits for IEC & M activities in all villages involved in the initiative;	Recruitment of appropriate personnel and financial support to sustain existing itinerant services (e.g. the EPI mobile teams).
Marketing and sale of handicraft and other products made during the waiting period at the "*Silk Home*", in order to contribute to the expenses for the management and activities of the "Home", also after the end of the project.	Regular shipment of handicrafts and other products to the Italian NGO that will be in charge of distribution and sale of the above.
Introduction of the basic principles for the *"Community Based Health Insurance"- CBHI)* to ensure sustainability of the project also after its end	Cooperation with WHO for the introduction of the CBH (presently in expansion phase with Japanese funding) in areas where the "*Silk Homes*" will be operating.
Granting micro credits to selected mothers.	The management of micro credits will be under the responsibility of the local Management Committee of each "*Silk Home*" and will be under the direct supervision of the Project Director.

7.2. Organization and implementation

An International Project Manger will be responsible for the overall management of the project and coordination of the activities. The project manager will be supported by two (2) international experts, one in micro credit facilities and health insurance, the other will be a financial and logistics expert.

A "Scientific Committee" with two expatriates and two high-level and experienced local members, recruited locally in consultation with the MOH Authorities, will provide guidance and will monitor project activities. They will identify problems to be solved in order to achieve the desired objectives and will assess achievements. The Committee will also identify major development issues to be addressed, and activities to be carried out, for the advancement of women, for their income generating activities and their mainstreaming. The Committee will meet regularly, with a commitment of 3 months/person/year for the expatriate experts. . The "Scientific Committee" will be chaired by the Project manager.

The project will avail itself of both, Italian and Lao experts for all the elements related to infrastructure and promotional activities carried out in each "*Silk Home*".

The specific qualifications and working experience required for each expert will be defined by the "Scientific Committee", in accordance with the planned interventions and will focus on the following areas:

- development of social issues and community awareness, participation and information, using material also suitable for illiterate audiences.;
- training courses for health staff and social workers with identification or development of educational material required for such activities;
- quality improvement and/or introduction of new products/handicrafts/patterns, in accordance with local economies and capacities;
- development of marketing strategies for the above.

For the daily management of each "*Silk Home*" the Project will identify the members of a "Management Committee" basically represented by:

- the District Governor or his representative;
- the traditional chief of the village;
- one representative from the council of elders;
- two Traditional Birth Attendants TBAs;
- the Director of the District Hospital
- the "manager" of the "*Silk Home*"
- others, as appropriate

The Management Committee will appoint a chairperson who will be in regular contact with and report to the Project Manager.

Among other things, the Management Committee" will:

- supervise and monitor the operations of the "*Silk Home*" and the IECM activities;
- monitor the "client satisfaction" and "friendliness" of treatment received by mothers;
- identify the most appropriate social issues to discuss with the women;
- propose simple economic activities that the mothers can easily be trained for and carry out at village level;
- promote and supervise the food production of the "*Silk Home*" and the diet offered to awaiting mothers;
- introduce and promote the establishment of the CBHI
- monitor the granting of micro credits to selected women (

- ensure that all the equipment required for handicrafts and woven silk material will be available when necessary;
- check that all waiting mothers will receive the required treatment and information on preventive measures (such as the use of mosquito nets, the method for re-impregnation of the nets, regular de-worming, iron and folic acid supplementation, contraceptive use etc

In order to increase trust and confidence between medical staff and the population and to improve the quality of the health services, the MOH will ensure that all qualified medical personnel, to be posted to each of the Districts of the selected Provinces, will be trained according to the new curricula so that they able to perform normal deliveries and deal with minor obstetric complications,

The District hospital will receive the medical equipment, medicines and supplies, required to manage the most common complications that occur during delivery. Such equipment, (to a value of 4-5,000 Euro), which will be given to each hospital, might vary from suturing kits, to sterilizers and vacuum pumps for ventouse deliveries.

The salary of the personnel, who will be dealing directly with the management, supervision and maintenance of the "*Silk Home*", will be charged to the project to begin with. However, it will be progressively absorbed by the "Management Committee" that will generate funds, partially from the sale of the handicrafts produced by mothers during their waiting period at the "*Silk Home*", and partially from the medical insurance (CBHI).

7.3. Resources

The International Management Group (IMG) will be responsible for the management and implementation of the project. For specific activities, the IMG will make use of the NGOs "Alleanza per la Cooperazione allo Sviluppo" (Alliance for the Development Cooperation) and the "Study Centre PAN". IMG will be responsible for the recruitment of expatriate and local personnel.

The majority of the human resources will be required during the initial stages of the project, when it is necessary to develop training curricula and material for various groups of people that directly or indirectly will be dealing with the project.

7.3.1. Expatriate personnel

7.3.1.1. Project Director - Technical and Scientific Coordinator of the project

The project will have a Project Director, working 6 months in Italy and six months in Laos (12 + 12). He or she will be experienced in development of polyvalent projects. The Project Manager will be selected by the IMG and will have the responsibility of general monitoring and control of planned activities, and evaluating the value and effectiveness of the educational, awareness and community motivation programmes. In addition to the above, the Director/Supervisor will be responsible for coordination with other NGOs, UN Agencies, Bilateral Donors and any other stakeholders who can contribute to the success of the "Homes". The Project Manager will also be responsible for maintaining close contact with the NGOs and to request the assistance of experts in specific fields, according to project needs, as they emerge. However, in general, the Project Manager will rely on the Scientific and Technical Committee for all the input and technical advice that might be required.

While in Italy, the main tasks will be to foster the marketing of the handicrafts produced by the women, either while waiting the delivery at the "*Silk Homes"*, or after their return to their villages. The marketing of the products is essential to generate sufficient income for the sustainability of the scheme.

7.3.1.2 International expert – microcredits and health insurance

Under the guidance of the Project Manager, this expert, to be identified by the NGO “Alliance for Development Cooperation”, will have be responsible for establishing and managing the proposed microcredit component and also working to establish a community based health insurance

Two internationally recruited expatriates will cooperate with the Project Manager during the entire duration of the project. They will have the following qualifications, backgrounds and tasks:

7.3.1.3. International expert – Logistics and Finance

Under the guidance of the Project Manager, this expert willl be responsible, for the construction of the 17 “*Silk Homes*” and for the procurement of all the equipment required by the project. He/she will also be responsible for the accounting and financial aspects of the project operation.

7.3.1.4 International expert(s) –Scientific Committee

There will be two expatriate experts working as part of the Scientific Committee. One will be an expert in socio-economic issues and the other will be an expert in Public Health issues. These experts will be identified by IMG in coordination with the two NGOs and will have to be cleared by the Lao Government

It is foreseen that the experts will be engaged for a period of three months each per year. The work and activities of the “Scientific Committee” will be planned and coordinated by the Project Director.

7.3.2 Local Personnel

The Project will employ locally recruited personnel for all matters related to internal organization and administration, and for specific activities as required.

7.3.2.1 Local Project Director

Identified by the International Project Director in consultation with the local Authorities, the Local Project Director will be a full time high-level expert, recruited for 2 years and having responsibility for the day-to-day activities and for the overall appropriate management of all local human and financial resources.

7.3.2.2 Local expert(s) - Scientific Committee

Two local experts, identified by the Project Manager in consultation with the local Authorities, will participate to the Scientific Committee and act as counterparts to the international experts also assigned to this committee. The will be engaged for a period of three (3) months each per year.

7.3.2.3 Local Consultants:

Considering the complexity of the project and the specific social and cultural issues to be confronted, it may be necessary to include local high-level experts, identified and recruited by the Scientific Committee and able to deal with sensitive traditions and cultural issues. The main areas that such consultants may need to be used for are as follows

- the improvement of medical and obstetric care and interpersonal communication;
- the development and typographical lay-out of education manuals for health staff, and IECM material for the “*Silk Home*” educators and social workers;
- the identification, development and improvement of handicrafts and locally produced items and the transfer of technologies to local trainers.
- the introduction of the CBHI and micro credits, along with principles and process for the sustainability of the initiative.

7.3.2.4 Local Educators:

Four expert Teachers, identified by the Project Director in consultation with local Authorities, will be recruited from the 7th month of operation onward, full time, for a total of 72 p/m. Two of them will be experts in Public Health and PHC, while the other two will be experts in community development and deal with the "management details" of each "*Silk Home*". The four educators will be going from one "Silk *Home*" to the next, to monitor activities and provide training and support to the Specific Personnel of each "Silk Home" (see below) and discuss issues/resolve problems with the "District Management Committee".

7.3..2.5 "Silk Home personnel"

These personnel, will, under the direction of their respective District Management Committees will be dealing, on a daily basis, with all the issues related to the management of the "*Silk Home*", These will include but not be limited to the following;

Supervisor(s)

Whose functions will be to, help formulate an annual plan of work for the health district activities, provide directions on how to organize the various activities of the "Silk Home", review and monitor the financial transactions of the "Silk Home", organize the communication network with all the villages within the District, ensure efficient referral of seriously ill patients to the Provincial Hospital; and promote the integration of health and development programmes (EPI, GFATM, NUT, etc.)

Nurse-Midwife.

Under the supervision of the Medical Director of the District Hospital the Nurse-Midwife will monitor the last months of pregnancy, identify and refer possible complications in a timely manner, deal with normal deliveries, take care of the newborn and provide all the required motivation and health education for mothers and women attending the "*Silk Home*";

General "Educator*"*

Operating under the directive of the "Supervisor" and the "District Management Committee, the "Educator" will be dealing with issues related to the introduction of new handicrafts and quality improvement of the existing ones, with use and maintenance of sawing machines, and other equipment, etc. The "Educator" will also ensure that food production in each "Home" is carried out and that women receive proper nutrition and information on issues related to income generating activities and CBHI.

7.4 Implementation details

IMG and the NGOs will conduct regular field visits to verify the operations of the "*Silk Home*" and the project activities, while the Scientific Committee and the Management Committees will formulate a plan of action indicating, on a map and appropriate forms, the distribution of the population, the calendar of village visits, etc. These activities will be monitored by the Project Director, by the Local Project Director and by the 4 "Local Educators".

At local level, monitoring and evaluation of project results will be carried out by the District Management Committees, with the support by the Project Director, by the "Scientific Committee" and with the active participation and involvement of the "Educators" working at central level and at each "*Silk Home*".

Even though the "*Silk Homes*" will be under the direct supervision of the District Management Committee, the "Homes" will be also an integral part of the Government Health Services. Therefore, the central, provincial and district Health Authorities will also provide supervision and technical support. During field visits and discussions, they will identify problems and propose solutions to the Scientific Committee.

Regular field visits at district and village level will allow all the project personnel to follow closely the progress of the construction of each "*Silk Home*" and the establishment of activities and their effectiveness during the entire Project period.

Particular attention will be paid to the formulation of an annual "Action Plan" for motivation and awareness at village level. Such a plan will be closely integrated with the regular village visits already taking place and operated by the EPI itinerant teams. For each area there will be a detailed map, indicating villages, their distance from the district centre, the available means of transport and their cost, the time required to reach them, the number of people living in the area, the expected number of births per year, the overall epidemiological situation, the prevailing economic resources and any other information useful to identify problems, to be addressed in the development plan.

A daily "plan of work" will also be formulated for each "*Silk Home*", so that the personnel managing the "Home" will know what to do during the day. Part of the time will be devoted to educational activities while the other part will be reserved for handicraft production and weaving.

All the above activities will also be evaluated by questioning former users of the "*Silk Home*" during village field visits. The practical application of the knowledge and information they obtained during the waiting period at the "Home" will be evaluated.

Monitoring and evaluation will also be conducted through the analysis of the regular reports that each "*Silk Home*" will have to compile weekly and send regularly to the Project director who, in turn, will inform the responsible NGO.

Chronology

a) Activities	First year				Second year			
	1	2	3	4	1	2	3	4
1. identification and recruitment of personnel and procurement of equipment								
2. awareness activities in project areas. Identification and training of District Mgt. Committee and definition of roles and tasks.								
3. construction of 17“Homes” in year 1								
4. training personnel at central level (4 educators)								
5. development of educational material (local and ext. STCs)								
6. training district health personnel and educators								
7. supervision and monitoring (IMG, Scientific Committee, NGOs)								
8. marketing handicrafts and introduction of CBHI as initial sustainability								
9. provision of medical material and medicine for each district hospital adjacent to each “Home”								

7.5 Dissemination of results

The project results will be disseminated within Laos during a national seminar that will take place in Vientiane at the “hand-over” ceremony of the buildings and equipment. On that occasion the Experts, both expatriates and local, will assess the results and achievements of the project, outline the problems encountered, propose solutions and future initiatives to take in order to continue improving the health of mothers and children. During the “Dissemination seminar” there will be also an exhibition of relevant pictures and videos, illustrating the history of the initiative.

In order to strengthen bilateral cooperation between Italy and Laos, it is planned to organize in Italy an exhibition on Laos and its specific products ~ particularly Silk produced by mothers waiting at the Silk Home.

The above initiative will involve all possible media: newspapers, TV, radio, magazines, etc. and it will provide the opportunity of disseminating knowledge and information about the Lao women and their children, as well as fostering the marketing of Lao products and promoting tourism to Lao.

The exhibition will be organized in Rome in a public building such as the Parliament or the “Asia Institute” and might be replicated in other locations. The exhibition will be organized both in Laos and in Italy by the NGOs “Alliance for the Development Cooperation” and the “Study Centre PAN”, with the close cooperation of the Project Director and the other Project personnel.

It is expected that the interest generated in Italy by the above initiative will promote and ensure the funding for the continuation and expansion of the project to other isolated provinces of Lao PDR.

8. Indicators

IMG, the Scientific Committee and each District Management Committee will all be involved in defining, monitoring and evaluation of each "*Silk Home*", as well as selecting the most appropriate indicators to be used.

The majority of the project activities will be easily monitored and evaluated, as they have well defined indicators, such as:

- the number of "*Silk Homes*" built;
- the increasing number of mothers attending the "Home";
- the total number of days of attendance;
- the percentage of pregnancy complications identified and treated at district level;
- the number of mothers referred to the provincial facilities;
- the number of positive outcomes with a healthy baby as compared to negative results; etc.

All the above indicators and information will be collected on regular basis at each "*Silk Home*". They will be part of the regular reporting system and will be evaluated on a regular basis.

Monitoring and evaluation activities will also take place on the educational components of the project, to assess what mothers have learned during the waiting period and whether some of the harmful traditions have been replaced by beneficial ones.

The improvement in production and marketing of handcrafts with the resulting income, given to the "Home" as contribution for its management, will also constitute an evaluation tool to give the evidence of the success of the initiative.

While "production" is easily monitored and assessed, the same does not apply to education, notoriously more difficult to evaluate. However, the project will conduct field visits and interviews with previous users of the "*Silk Home*" to investigate the medical treatment they received, their satisfaction, the interaction established with the health personnel, the practical application of the knowledge they gained during the waiting period, etc.

Evaluation criteria will also include impressions of the experience during the use of the "Home" such as comfort, quality of food, explanations provided by health personnel and on the behavioural changes occurring as a result of the use of the "*Silk Home*".

One of the parameters to be used for evaluation will be changed breastfeeding practice, which will be compared with the previous tradition of eliminating colostrum and the inappropriate feeding practices of the newborn. Likewise, the knowledge of the main causes of gastroenteritis and of the correct use of the oral re-hydration salts will be another element of easy evaluation. The attendance of EPI sessions and the EPI coverage, the use of contraceptives to delay the next pregnancy, the knowledge on the benefit of iodised salt, etc. will all be elements for evaluation of the success of the initiative.

Sometimes villages might be at such a great distance from the "*Silk Home*" that any travel will be deemed far too difficult, especially during the rainy season. However, the use of the "*Silk Home*" will be much easier for the majority of the population living within reach of the District centre.
Assuming that negative and positive factors will balance each other, the success of the project will be mainly measured by the progressive increase of users and by the outcome of pregnancies with reduced MMR and IMR.

9. Risks and Assumptions

The success obtained in just a few months of the operation of the WHO Maternal Waiting Home (MWH) pilot project clearly indicates that external conditions, often put forward as an obstacle to the use of the MWH (such as distance form the village, difficulties for the mother to leave her family and village, cultural barriers posed by traditions, beliefs or mistrust of medical services, etc.) can all be removed if only there is the appropriate information, communication and motivation passed on to the communities.

At the same time, food taboos, cultural restrictions that prevent the consumption of certain foods, available but not consumed for fear of side effects, and the elimination of colostrum considered "bad milk", can all be removed with proper and culturally acceptable messages and education of the mothers.

However, one of the most determining factor in expanding the use of the "*Silk Homes*" will be the awareness and involvement of men, for them to encourage their wives or partners to use the local "*Silk Home*". They will be motivated and persuaded to accompany their spouse to the "*Silk Home*" to participate in the activities of the home, to help in the kitchen garden or to render all those services they might be able to do, as well as to participate in various information and training and health education activities.

Preconditions for the success of the entire initiative remain, therefore, all those activities geared to increased awareness, information, knowledge, participation and cooperation with the village people, and with political authorities at all levels (village, district, province and central levels).

In order to make conservative estimates, it is expected that not all mothers will immediately make use of the "*Silk Homes*" but that there will a gradual increase of attendances of 20% per year of the total pregnant population

At the moment there are no factors that might prejudice the project activities. The political situation is stable, with no political changes or revolution in the offing that might negatively affect the project.

Availability of funds is a precondition for the launch of the initiative. In their absence, political preparation of the community could be counterproductive, as it would create an expectation not immediately followed by action.

According to the lessons learned through the WHO supported pilot project, possible risks related to low community participation or dwindling political commitment or opposition to proposed changes by harmful traditions and misconceptions can all be easily overcome through the appropriate information and communication strategies, practical examples and reference to daily events.

The proposed project will help the country to work towards achieving some of the Millennium Development Goals and their specific targets, integrating other health, economic, educational aspects and promoting awareness and community participation, therefore, rather than political opposition, full cooperation and support are expected from the political leaders.

External factors beyond the scope of the project.

The above factors are related to difficulties with communication and transport between district and provincial hospitals, especially when there are serious complications needing urgent referral. The project will exert all possible pressure to obtain the required improvement of roads and communication (expansion, wherever possible, mobile phone network, radio-links, etc.) by soliciting the related Government departments(s) and involving possible donors (WB, ADB, etc.).

10. Sustainability

Elements ensuring sustainability

Political support

The political pressure exerted by UN and by other ASEAN countries on the Lao PDR to work towards achieve the Millennium Development Goals encourage the authorities to continue to sustain the initiative and achieve results.

The initiative will also have the popular support of "satisfied clients" and those mothers whose knowledge of health issues has increased through IECM activities during the waiting period and whose income has improved through better quality handicrafts or after establishing small businesses with the micro credits received.

Socio-cultural aspects

The very recent evaluation carried out by WHO on the pilot project of the first Maternity Waiting Home, indicates some socio-cultural aspects that have to be faced and overcome, in order to motivate women to leave their family in the village and stay in the "*Silk Home*" for the required period of two or three weeks. Through community involvement, and the participation of other family members, it will be necessary for them to identify a person who can temporarily replace the mother during her absence. Much will also depend on the farming cycle: during the harvest it is unlikely that mothers will be able to be absent from the village for a long time, as they generally work up to the day of the delivery, while during other periods her absence will be more acceptable. The rainy season might also make the journey to the "*Silk Home*" difficult or even prevent it entirely at certain times. On these occasions, the journey would have to take place well in advance of the expected date of confinement in spite of the obvious reluctance of the mother to leave her house too soon.

The Project will have to take into consideration the hierarchical relationship within the family, where the "decision making power" generally lies with the "head of the family" or the father. However, focus group discussions at village level revealed that men are generally very concerned about the dangers inherent in pregnancy and delivery, as they often know of somebody who has died from maternal causes. The Project will pay special attention to the development of educational material targeting the male population and to the motivation of men, so that they allow, and even motivate, their partners to face the journey to the "*Silk Home*". Ideally they should escort their wives and "participate", as much as possible, in the process of delivery.

The Project will also have to take into consideration the traditions, popular beliefs and folk remedies, generally used in remote villages, and evaluate their effectiveness to establish which are helpful, neutral or clearly harmful. While promoting the use of beneficial practices, tolerating those neutral or uncertain, the Project will have to discourage decisively, in a culturally acceptable manner, harmful practices such as the elimination of the colostrum during the first few days after the delivery and the traditional feeding practices of the newborn with condensed sweetened milk diluted in variable concentrations in water or the feeding of the neonate with chewed sticky rice.

The positive outcome obtained by the users of the "*Silk Home*", the good interpersonal relationship and confidence established between the mother and the medical staff, the additional knowledge on health and of home economics gained during the waiting period, the medicines, treatment (TT) and the food obtained as well as a clean & safe delivery with a healthy child, immediately breastfed, immunized against TB and Hepatitis, protected from blindness (ophthalmia neonatorum) and tetanus or from gastroenteritis (due to inappropriate feeding) will be part of the incentives to induce many women to use the "*Silk Home*", to improve health services and decrease MMR and IMR

Institutional Arrangements

The health personnel posted at the district level are able to perform all the basic medical procedures for the diagnosis and treatment of most common illnesses. However, since most women deliver at home, they need additional practice in EOC to keep maintain sufficient competence. The same applies for more rare pathological events, for which there would not be the diagnostic capacity nor the appropriate treatments available at district level. In addition, it is common practice for people living in isolated areas, to seek first any available folklore treatment, then, failing these, they buy conventional medicine at a local outlet, often taken irregularly or following incorrect regimens. Finally, only when the disease has advanced too far, even for expert doctors to manage successfully, they seek treatment at the official health services. At this point, being far too late, the patient is more likely to die and the reputation of health services deteriorates further, thereby decreasing even more the number of patients using the services and denying health staff much needed experience.

The Project will employ newly qualified doctors, trained according to the curricula introduced by the Faculty of Calgary. However, for the reasons explained above, the Project will also have to conduct meticulous education and awareness at each district and village level. At the same time, it will have to improve the diagnostic and clinical capacity of health staff and provide appropriate medical equipment and essential medicines. It will have to inculcate the principles needed for effective interpersonal communication including empathy and humane treatment of all patients, irrespectively of their social status, economic condition, ethnic origin, etc.

The introduction of the "District Management Committee", with the participation of the local authorities and with representatives from the villages, will have a pivotal role in increasing trust and confidence of the population in the official health services, improving, at the same time, the interaction between the "*Silk Home*" and the health system, thereby increasing the use of all the services.

The personnel recruited to deal with the educational aspects of the activities of the "*Silk Home*", supported by the Lao Women's Union, will provide additional value to the functions of the "Home". Wherever possible, other agencies (UN, Bilateral Donors, NGOs, etc.), operating in each district, will be consulted and invited to participate in delivering a programme. For instance, the GFATM will be requested to contribute to the "*Silk Home*" by providing drugs for STI, HIV/AIDS, malaria and TB, as well as mosquito nets and insecticides or IECM materials, which are already part of their normal activities. Likewise, UNICEF and UNFPA will be invited to disseminate their material and advance their respective programmes, using the facilities of the "Home" to address the audience of the mothers waiting for their delivery.

All the activities and the contributions described above will represent added value to the project and will increase its relevance, but they will not be indispensable for its sustainability: that will be rather based on an independent "District Management Committee" on the introduction of the CBHI and on the income generated through the marketing of handicrafts or other economic activities, identified by each Committee.

The more each "*Silk Home*" will be based on autonomous locally made decisions, on participation of the users and on local medical services without the need of foreign or external assistance, the more the "Homes" will be meaningful and durable.

Appropriate Technologies

The execution of the project will not require the use of sophisticated technology. On the contrary, all the technology employed will be extremely simple and use systems and materials already available in the country.

The "*Silk Homes*", will be using the delivery rooms existing at the District Hospital for the treatment of minor or moderate complications. However, the Project will make sure that these delivery rooms are

upgraded and provided with the medicines and medical equipment to manage moderate complications, while the more serious ones will be transferred to the Provincial Hospitals.

Each "*Silk Home*" will be built with locally available material - wood and bamboo. Equally simple and locally produced will be all the furniture, the cooking and washing facilities and the equipment for handicraft and silk colouring/weaving.

The kitchen gardens, established to provide part of the food for the waiting mothers, will be maintained following local traditions and methods, but the production will be improved by the use of natural fertilisers, and the use of gardening tools (shovels, rakes, etc), often missing at village level. The use of such tools, that mothers will be able to take at home, is expected to improve the agricultural production at village level.

Apart from improved medical knowledge and practices and the greater availability of medical equipment, medicines and instruments in current use in every delivery room, the Project will not introduce any sophisticated technology or complicated procedures.

All the hand-weaving looms will be improved in their basic design in order to have better quality cloth and in such a way that they can be easily taken apart and reassembled at village level by those mothers who will opt for a loom through microcredits, to improve their silk-weaving capacity and increase their income. Also natural dyes, extracted from a variety of sources, such as bark, leaves, fruits and seeds will be used.

The only step towards a "new technology" will be represented by the introduction and use of hand or foot-operated sawing machines that will be used at the "*Silk Home*" by mothers wanting to use them for themselves or who want to learn how to use them with the intention of getting a micro-credit for their purchase, so as to be able to continue such activity at home thereby improving their economic conditions.

Environmental aspects

The "*Silk Homes*" will be built following local architectural styles. This will contribute to their acceptability by the users. However, contrary to what is available at village level, the "*Silk Home*" will have "Lao style" internal toilets with proper sewage system, running water, electricity, cooking facilities, normal furniture and proper bedrooms, each with mosquito nets to protect from Malaria and Dengue Fever.

During the education sessions, special attention will be devoted to the composting of biologically degradable material to produce fertilisers. People will also be motivated to preserve the environment by collecting and disposing properly of all the non-bio-degradable material, which is often scattered throughout the villages and around the hospitals.

Financial sustainability

One of the main objectives of the project is the containment of management expenses with a the minimum, yet sufficient, number of people recruited for the daily activities and running of each "Silk Home".

The pre-condition for the construction of the "*Silk Home*" in each District will be the firm commitment, from the local Authorities, to absorb the management and maintenance costs gradually and in such a way that, after the 2 years project support, the "*Silk Home*" will be financially independent (or at least not dependant on external donor funding)

The measures to be implemented in order to achieve the above results include:

- The promotion and application of the "Community Based Health Insurance" scheme, with as many people as possible joining the scheme with minimum premiums, so as to have a large contribution

basis and a much smaller number of people using the funds for their medical expenses for hospitalisation

- income generated through the marketing of handicrafts, silk, clothes or any other products manufactured during the waiting period at the "*Silk Home*";

- production of food in the kitchen garden of the "Home". Given the daily variations in the number of users of the "Silk Home" (varying from 0 to 10-12) there will be periods of excess production followed by shortages. What in excess will be sold out, and the income used to buy other items not locally produced (oil, salt, sugar, etc.) and to partially recover expenses of the "*Silk Home*".

- The most appropriate educational and commercial activities to be carried out by each "*Silk Home*" will be selected and proposed by each "District Management Committee" with the participation of the representatives from villages within the catchment area. Their direct involvement, beginning with the preliminary (decisional) phases of the project, will facilitate their active participation and commitment to the activities of the "*Silk Home*" and will ensure the economic sustainability of the "Home" even after the end of the project.

Other income will be generated by the correct implementation and management of the micro credits.

Annexes:

Annex 1: Project Log Frame
Annex 2. Population Distribution in 3 targeted provinces
Annex 3: National and Provinical Health Indicators
Annex 4: Principles and justification of microcredits
Annex 5: Introduction of Community Based Health Insurance (CBHI)
Annex 6: Map of Laos showing Provinces

Annex 1 Project Log Frame

	Intervention Logic	Objectively Verifiable Indicators	Sources of Verification
Overall Objective	The improvement of maternal and child health through a reduction of maternal and infant morbidity and mortality rates and a reduction in the target population of WRAGs of the incidence and prevalence of infectious disease, malnutrition and their complications through the health education of the "Silk Home" users and their families	Reduction of MMR, IMR and U5MR between by the end of the intervention. Number of monthly users of each "Silk Home". Increased marketing of local products.	Ministry of Health records Project records for MWH
Project Purpose	An increased number of medically assisted, clean and safe deliveries and consequent reduction of maternal and infant mortality and morbidity rates over a population of approximately 100,000 WRAG A reduction in the target population of incidence and prevalence of infectious disease, malnutrition and their complications through the health education of the "Silk Home" users and their families; An increase of the use of medical services by a total population of nearly half a million An improvement of the economic conditions of the 10,000 mothers that are expected to receive training and information while waiting at the "Silk Home" or that will avail themselves of micro credits, through production and marketing of better quality handicrafts and silk clothes Greater and timely use of medical services, solicited by their better management and closer service provider-client communication, with integrated and coordinated programmes and with improved quality of care, leading to better health outcome.	Progressive increase of the number of users of the "Silk Homes" and number of safe deliveries assisted by trained and well qualified health personnel, with a consequent reduction of MMR and IMR. Number of small handicraft activities and marketing initiatives introduced and supported by the initiative.	Ministry of Health records Local hospital records

Results	A network of 17 functioning maternity waiting houses in the three target provinces.	De-facto situation on the ground (17 new facilities)	Project reports, contractor documents, local authoriity documentation
	A reduction of the prevalence and incidence of diseases among women in the reproductive age group and the a reduction in the incidence of premature death.	Health indicators on prevailing diseases and cases of death.	Ministry of Health records
	A reduction in the Maternal Mortality Rate (MMR) by up to 75% in the areas where the "Silk Homes" are operating. (From approximately 1.000-1.200/100.000 live births to approx 250-300/100.000 live births	Health indicators on prevailing diseases and cases of death.	Ministry of Health records
	A reduction in the Infant Mortality Rate (IMR) by up to 75% in the above areas (from approx. 150-200/1.000 to approx. 37-50/1.000) Granting of micro credits to 18-20% of mothers using the "Silk Homes" (approx. 3.000 women) and a consequent improvement of their economic conditions and income generating capacity.	Health indicators on prevailing diseases and cases of death.	Ministry of Health records
	Improvement of hand-woven clothes (cotton and silk) by 25% of the users (approximately 2,500 families). 10,000 women making use of the "Silk Homes". This would indicate a coverage of 28-30% of the total number of expected deliveries in the 3 selected Provinces.	Increase in sale of such goods and income generated	Local economic statistics
Activities	• Information, awareness, creation and participation of the interested communities and political authorities; • Selection, recruitment and training of the "Management Committee Members" that will be responsible and take care, on a daily basis, of the "Silk Homes"; • Building of the "Silk Homes" • Training courses for health personnel • Provision of medical equipment, medicine, instruments etc., as required for the improvement of basic EOC functions at district hospitals • Development of new training material for TBAs, health volunteers, medical staff • Field education & information visits in remote villages to make people aware of the facilities offered by the "Silk Home" • Marketing and sale of handicrafts and hand-woven silk products or other clothes manufactured during the waiting period at the "Silk Home" Introduction of the "Community Based Health Insurance"	- Number of community meetings; -Number of "Silk Homes" being built (17 in the first two project years); -Quality and quantity of the educational material developed; quality and quantity of the training manuals and clinical treatment protocols developed introduced and used. No. of women getting m-credits and returning funds to revolve. -Number of courses and number of health staff trained; -Management team for each "Silk Home" trained and functioning; -Quantity, quality and use of the material provided; -Quality, quantity and use of educational material provided	Project reports, monitoring activities and monitoring reports

Annex 2 : **Population distribution in the 3 Project Provinces**

(b) Province of Saravan						
i. District	**Total Population**	**Section 1.02 Men**	Women	Families	**WRAG (Women in Reproductive Age Group)**	No. of expected pregnancies/year
Saravane	81.451	42.014	39.527	14.098	18.754	3.008
Taoi	20.473	10.649	9.924	3.640	4.709	755
Toumiam	19.563	10.080	9,483	3.3623	4.499	722
Lakhonepheng	37.294	19.216	18.078	6.448	8.576	1.376
Vaoi	31.975	16.475	15.500	5.528	7.354	1.180
Kongxedone	55.891	28.798	27.093	9.663	12.855	2.062
Lao Ngam	52.004	26.795	25.209	8.991	11.961	1.919
Samouy	10.731	5.529	5.202	1.855	2.468	396
Total	**309.472**	**159.455**	**150.017**	**53.506**	**71.179**	**11.417**

(a) Province of Sekong						
District	Total Population	**Section 1.03 Men**	Women	Families	WRAG	No. of expected pregnancies/year
Lamam	23.463	11.538	11.925	4.045	5.396	866
Kaleum	12.022	5.912	6.110	2.073	2.765	444
Dakcheung	19.003	9.345	9.658	3.276	4.371	701
Thateng	24.969	12.279	12.690	4.305	5.743	921
Total	**79.969**	**39.073**	**40.384**	**13.699**	**18.275**	**2.931**

(a) Province of Attapeu						
1) District	Total Population	**Section 1.04 Men**	Women	Families	WRAG	No. of expected pregnancies/year
Samakkixay	28.889	14.086	14.803	5,403	6.644	1.066
Xaysetha	26.770	13.053	13.717	4.915	6.167	988
Sanamxay	23.831	11.620	12.211	4.375	5.481	879
Xanexay	14.783	7.208	7.575	2.714	3.400	545
Phouvong	9.510	4.637	4.873	1.746	2.187	351
Total	**103.783**	**50.603**	**53.180**	**19.053**	**23.870**	**3.829**

From: Baseline Survey Report - Health Services Improvement Project - MOH/WB.

Annex 3 National and Provincial Health indicators

Article II. Indicators	National average	Saravan	Sekong	Attapeu
Population	6.200.000	292.972	77.818	105.271
MMR	530	~700	~700	~700
IMR	82.2	75.8	55.4	93.1
U5MR	106.9	96.6	70.7	111.7
Birth Rate	34.0	39.8	42.7	44.4
Fertility Rate	4.9	5.7	5.5	5.8

11. From "Lao reproductive Health Survey 2000"

Annex 4 Microcredits Management

The "Microcredit" is an economic development system that allows poor and marginalized people top have access to a small financial assistance. According to UNDP (United Nations Development Program), globally, 20% of the rich population avail of 95% of the credits granted in the world.

In developing countries millions of urban and rural families, survive with the income generated by very small "informal" economic enterprises. The difficutlies to obtain credits from banks is due to inadequate or absent assurances to return the credit and by the size of activities, too small to be supported by usual credits.

With "microcredits" millions of poor, especially women, have managed to get out of the vicious circle of poverty. The very high rate of reimbursement - 97% - which is higher than the one obtained by the formal credit system, has promoted the dissemination of the system in all continents. Originated in Bangladesh in the early 80's, microcredits are now being offered to inhabitants of polar circle as well as to poor people in Chicago or native Indians of the American West.

There is evidence that women offer better assurances than men in returning the credit. Women demonstrated much higher responsibility in managing the benefits of the credit by sharing it among the family members, while men are offen dissipating the money. In addition women showed higher commitment and dedication to their jobs and are less prone to emigration. In several areas, where men have left their village, women are the only people availing of some saved cash and they are the only source of local development, since their money is invested at village level.

With this initiative the project intends to sustain economic activities of women in order to generate and/or increase their income. This will have beneficial consequences on the family wellbeing, contributing particularly to better health and nutrition of women and children.

According to the project plan, the "Management Committee" of each *"Silk Home",* will supervise the granting of microcredits, according to rules and regulations to be established by local authorities and the Project Management Team.

Each "Management Committee" will select two people: one responsible for the accounting and the second for the screening and evaluation of the applications. These will receive appropriate preliminary training to perform their jobs.

Each "Silk Home", as soon as the "Management Committee" will have approved the system and set up the rules for its operations, will have at their disposal 5,000 Euro as initial amount to be disbursed up to its exhaustion. Subsequently the microcredits will be granted according to the amount that have been reimbursed.

For the entire project duration the Project Manager will have the task to supervise - but not to manage - the activities related to microcredits in each *"Silk Home"*, in order to verify the adherence to the rules and procedures established by each "Management Committee".

Women living in the villages of the prject area will be informed about the opportunity to avail of microcredits and about the basic requirements to obtain them through regular quarterly meetings.

This project component will be carefully scrutinized by the Scientific Committee, particularly in regard to the results achieved and the management transparency.

Annex 5 The Introduction of Community Based Health Insurance in Laos

Over the past decade, the Government of Lao PDR made significant efforts to improve the level and efficiency of health care financing for its population. The government increased its own spending in the health sector over the last two budget cycles. In addition, the Government sought additional donor funding for the health sector. As an interim measure, and to prevent the closure of many public health facilities, user fees in public health facilities were introduced in 1997 and Revolving Drug Funds were expanded. However, it is recognized that the imposition of user fees in the absence of social safety nets is not the appropriate mechanism to achieve better and more stable funding.

The first step in the development of social safety nets in Laos was made through the Social Security Decree (207) implemented in 2001. Health care is included among the benefits in a broad social security scheme, for private sector salaried employees and their dependents. However, over 80% of Lao population are in the informal labour sector and are excluded from these schemes. The Ministry of Health therefore sought ways to provide social protection for this population through voluntary community based health insurance (CBHI). In 2000, the Ministry of Health established a Health Insurance Unit and requested technical assistance from WHO to develop health insurance for the informal and non-salaried populations through CBHI. The four objectives of CBHI in Lao PDR are a stable financing mechanism, the promotion of equity, rational household expenditure on health care and improvement in the health services system.

With financial support from the UN Human Security Fund (UNHSF, Government of Japan), a joint MOH - WHO Project to develop 3 pilot schemes within 2 – 3 years was launched in 2001. Through this project, CBHI has now been successfully implemented in 2 rural and 2 semi-urban populations. Following evaluation in August 2004, an additional grant from the UNHSF has been approved and will enable wide expansion of CBHI over a period of 5 years, beginning October 2005.

The design of all the CBHI schemes in Laos follows a single model with adaptations for local conditions. The core principles in the model include:

Contributions that are affordable for the majority of the population

All family members are covered (according to the Lao PDR family book)

Benefits cover ambulatory and in-patient care (including health promotion, personal preventive care, curative and rehabilitative services) with a referral mechanism to the higher-level providers.

Provider payment is by capitation, paid directly to the contracted hospitals, and there are no co-payments or other forms of cost sharing by the patient.

A management committee at district level is responsible for the day-to-day operation of the scheme.

Overall policy is determined by the Health Insurance Committee in the MOH, chaired by the Director of the Curative Department of the MOH.

In all the sites implemented so far, utilization levels in the insured populations have increased substantially, indicating the impact of the removal of financial barriers to health care. In the last year, the Swiss Red Cross has committed to purchase CBHI cards for very poor families in the target villages of one rural CBHI for 5 years, and there is interest in expanding subsidization in another area through Equity Funds.

Without CBHI, less money would have gone to the public sector as most would have gone to private pharmacies and practitioners. The current fear in many of the public health facilities is that the lack of patients, and revenue, will undermine their long-term financial viability. Obviously, CBHI is proving to be an effective way of increasing patient load, with the added benefit of stable and predictable revenues.

The CBHI Project has also had several significant secondary benefits. One is the process of recording information, monitoring and decision-making that is an integral part of the functioning of the Management Committees. The monthly meetings are conducted according to the CBHI regulations. Continuity in the process facilitates the follow up of trends and decisions, which are always based on information and discussion. Another is the composition of the Management Committees, which has placed health high on the agenda of the District Governor.

Safe Motherhood

CBHI in Laos provides significant opportunities to assist in the reduction of maternal and infant mortality, through the appropriate design of health care benefits.

A qualifying period of 12 months contribution is appropriate for social health insurance, in order to avoid women joining only for the period of predicted use of services. However, in view of the very high maternal mortality rate in Lao PDR, and the goal of increasing hospital deliveries, the qualifying period is waived in this high risk population, and hospital delivery can be covered after three months contribution, as applies to other inpatient care.

Furthermore, CBHI can develop a Safe Motherhood programme in collaboration with the international, bilateral and national agencies dealing with reproductive health. The Safe Motherhood programme can include the following elements:

Minimum of 3 antenatal visits, recorded on a card issued to each insured pregnant woman, following a clear protocol and guidelines for referral.
Improvement of the current hospital facilities and maternity waiting homes to absorb a higher number of consultations and hospital deliveries, with appropriate birthing conditions to satisfying cultural preferences.
Training of midwives
Provision of essential drugs and supplies relevant to safe pregnancy.
Provision of a maternity grant as an incentive for full participation in the Safe Motherhood programme.
Counselling in family planning/child spacing, including contraceptives
Protocols for safe abortions and post abortion care.

Annex 6 Map of People's Democratic Republic of Laos