

THE PROGRESS OF THE HEALTH PROGRAM, NAM THEUN 2 HYDROELECTRIC PROJECT – 2005 TO 2013

No.	National Health Programs in the Project impacted area	Prior to start of the Health Program (Prior to mid 2005)	Mid 2005 – 2007	2008-2010	2011-13
1.	Maternal and Child (MNCH) Health	Limited to immunizations under the national program	<ul style="list-style-type: none"> • Integrated Maternal, Neonatal and Child health (MNCH) concept started 1 June 2006 • Training and preparation of required essentials • Fully operational MNCH services in all project impacted villages through monthly MNCH clinics (MHX – May 2007; GMLT – July 2007; Khamkeuth – February 2008 and Nakai - March 2008) 	<ul style="list-style-type: none"> • Demonstration of improved nutritional status, immunizations, ANC and Family planning • Support in launching tubal ligation in GMLT • Significant improvements in MNCH and other indicators demonstrated through Mid-term Survey – January 2010 (Document available on request from NTPC) 	<ul style="list-style-type: none"> • Continued provision of Primary Health Care, which includes MNCH services • Improvements in health status of population through the Comprehensive Primary Health Care Approach at Affordable Cost • Possibility for replication and scaling up to the non-project areas
2.	Malaria control program and other vector borne diseases	Limited to well developed reporting system and treatment of malaria	<ul style="list-style-type: none"> • Continued support of the National Malaria Control Program covered under Global Fund • Provision of impregnated bed nets (IBNs) and development of village IBN revolving funds • IBN user rates (2006) 2.2 person/net 	<ul style="list-style-type: none"> • IBNs rates (2010) 2.0 person/net • Entomological survey and recommendations for vector control with IP collaboration • Major Government involvement of all related departments 	Vector control resource reduction – dengue prevention program is being further strengthened to make it sustainable in collaboration with the local authorities in both project and non –project areas in Khammouane Province and Khamkeuth District
3.	TB control program	National program in place but without active contact tracing	Continued support of the program with funding from the Global Fund	Dialogue with district and provincial health team for contact tracing of newly diagnosed cases	Further strengthening of the active contact tracing program required.
4.	Sexually Transmitted Infections (STIs)	Limited to an outpatient treatment of STI patients	<ul style="list-style-type: none"> • Awareness and education of communities on the spread of STIs, including HIV/AIDS a routine • Special program for high risk groups – service women (SW) and youth groups • Demonstrable increase in condom use by SW (quarterly surveys of SWs) 	Comprehensive program of STI control: <ol style="list-style-type: none"> 1. Awareness and education program 2. Diagnosis & treatment of STIs in special clinics 3. Quarterly surveys to monitor adoption of preventive measures for STIs by SW 4. Promotion of condom use among the high risk group 	Continued program of education to the public and special programs for the high risk groups.
5.	Surveillance and Monitoring	Absent, said to be due to lack of funding	A number of initiatives developed and funded by NTPC Health Team: <ol style="list-style-type: none"> 1. Regular monthly meetings to review health activities, plan new activities and report vital events 2. Improve Management Information System – Structured reporting on deaths, births, obstetric complications, supervised deliveries and morbidity data. Development of family health files and MNCH data, including immunizations recording system. 3. MNCH data reporting, especially growth monitoring in Under-5s. 4. STI reporting 5. Initial Health Checks and Survey (2006-08) and Midterm Health Survey (MTHS) (Jan 2010) in resettlement. Nahao health Survey (Feb 2010). Health Survey in Downstream areas in Jan-March 2009 for baseline and ongoing reviews. 6. Psycho-Social Impacts and Health Service Delivery studies 7. Protein Monitoring in Khamkeuth and Food Consumption Monitoring Program in downstream area 8. Demonstrable reduction in mortality rates, especially among infants and children Under-5 (results of the Midterm Health Survey (MTHS) – available on request) 9. Sentinel surveillance of any disease outbreak in the project area like skin rash in the XBF area 		<ul style="list-style-type: none"> • Continued intensive monitoring to continue with regular updates • Strengthening of the provincial and district supervisory teams • Midterm Health Survey in Downstream areas • Database developed by HPMU – A powerful tools for monitoring the health program as well as to generate HMIS National requirements. The database allow to generate output, outcome and impact indicators

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6.	Health Service Standards Development	Little evidence	<ul style="list-style-type: none"> Provision of essential medical and office equipment to health facilities Promotion of the use of nationally approved standards such as IFMT District Health Manual Continued training for all health workers in important areas of health improvements All other infrastructure needs like buildings, equipment and vehicles were met by 2006 	<ul style="list-style-type: none"> Comprehensive primary health care function fully in operation in the project area. Appointment of a medical officer to work in Nakai District Hospital under MOH/IP/NTPC collaboration, especially for sentinel surveillance for emerging/re-emerging infectious disease. 	<ul style="list-style-type: none"> Changes in handing Over process outside the scope of NTPC (delays due to a re-organization at the MOH). On request form MoH, Lao Lux is considering the documentation and integration of the PHCS into their next phase of the PH support program in three provinces The NTPC health program approach has been accepted as a model by MOH, WHO and Lao-Lux and recommended to be used as reference for the upcoming Health Systems Reform (HSR)
7.	Human Resource Development	Limited to special program funding from the centre.	<ul style="list-style-type: none"> Intensive training carried out for all level of health workers, followed by refresher training programs and on the job. Continued program of training for health workers, both theoretical and practical On the job training through regular supervision and support Discussions on ownership and sustainability at the start of the health program and continued throughout project life for sustainability Developing plans for assisting the MoH and Provincial Health Offices to develop the NTPC Handing Over and MOH Taking Over Strategy 		<ul style="list-style-type: none"> The program is considered as a PHC Model for the country by MOH and is recommended for replication elsewhere in the country . The existing health facilities now serve as training center for “Comprehensive Primary Health Care Delivery”
8.	Health Education	No active program partly because of lack of funding	<ul style="list-style-type: none"> Active ongoing health education (HE) and awareness program for all health issues at all levels - villages, districts and the provinces. In-house production of IEC materials such as leaflets, posters and film strips on specific issues as and when required Training of health workers in health promotion through health education 		<p>Health education is now routine practice by health service providers in day to day work</p> <p>Continued program of health education and awareness leading to behavioral change</p>
9.	Safe Water and sanitation	Lack of safe water and sanitation in most homes and many health facilities	<ul style="list-style-type: none"> Planned program of safe water and sanitation for all resettled villages and health facilities All homes in resettled population enjoy safe water and sanitation facilities. All health facilities provided with toilets and safe water. Mass treatment of all resettled population for Intestinal parasite infestation and promotion of mass treatment in other project areas. (Marked reduction of intestinal parasites demonstrated though the MTHS- Report available on request) A safe water supply and sanitation program in the downstream area implemented by Downstream Program All restaurants have a tap water facility to wash hands and chlorination facility for shallow wells. 		Resettled communities to appreciate self-maintenance of water supply and sanitation facilities in their villages.
10.	Management of medical waste - incinerators	Not available in most health facilities	New incinerators were planned for each health facility along with health facility refurbishing and building program,	<ul style="list-style-type: none"> Building of 10 Incinerators completed and implemented. Staff trained to use incinerators. 	Health facilities to maintain and upkeep the incinerators.

List of Abbreviations used:

ANC	Antenatal Care	HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
HE	Health Education	MHX	Mahaxai District
HPMU	Health Program Management Unit	MNCH	Maternal, Newborn and Child Health
IBN	Impregnated Bed Net	MOH	Ministry of Health
IFMT	Institut de la Francophonie pour la Médecine Tropical?	MTHS	Midterm Health Survey
IP	Institut Pasteur	STI	Sexually Transmitted Infection
GMLT	Gnommalath District	NTPC	Nam Theun 2 Power Company