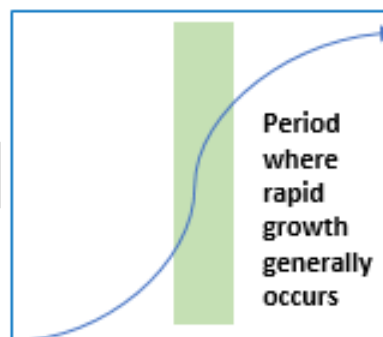
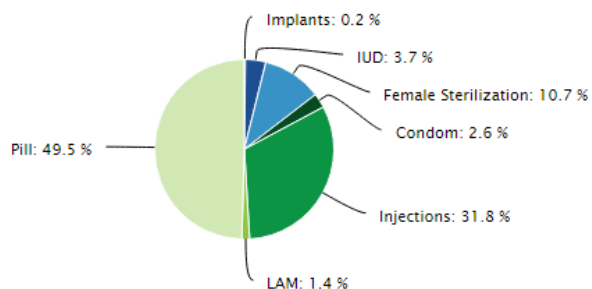


Lao PDR Actions for Acceleration



Country Snapshot

Modern Contraceptive Method Mix



mCPR (AW/MW) (2016)	31.7%/48.1%
FP2020 mCPR goal	65% by 2020
Unmet need (MW)	13% by 2020
Demand satisfied (MW)	66.5%
*Source: FPET run based on 2011 MICS/DHS data.	

FP2020 Commitment

Commitment objective	<ul style="list-style-type: none"> • Increase CPR for modern methods from 42 percent to 65 percent by 2020; • Reduce unmet need for contraception (WRA; modern methods) to 13 percent by 2020 (from 20 percent in 2012); and • Expand coverage and method mix for family planning services in health facilities with a focus on long-acting methods, such as implants and IUDs.
Policy commitment	<p>The Ministry of Health will undertake the revision of the Reproductive Health Policy to promote an enabling environment for family planning and to design services to support reproductive rights and to improve the sexual and reproductive health of men, women, and adolescents. The Lao 8th Five Year Plan also focuses on reproductive health and the government envisions the full delivery of family planning services in the private sector, including IUD and implant services in private clinics, through the adoption of supportive policies under the revision of Health Care Law. In addition, the government commits to developing a national information, education, and communication (IEC) and behavior change communication (BCC) strategy on family planning—based on the national communication IEC/BCC for health strategy.</p>
Financial commitment	N/A
Programmatic commitment	<p>The government of Lao commits to scale up family planning services to health center and village levels to increase the access to reproductive health and information for adolescents, aiming to boost the number of women using family planning services. Key interventions planned include:</p> <p>Extending the training of existing community midwife students by a month to become proficient in family planning counselling and procedures (IUDs, implants, emergency contraceptive);</p> <p>Establishing separate private, family planning-friendly rooms in selected district hospitals;</p> <p>Increasing the coverage of family planning and maternal, neonatal, and child health services at the community level through the scaling up of existing, successful community-based interventions, such as the Community-Based Distribution Programme;</p>

	<p>Mapping and focusing on high-burden districts and villages, with total fertility rate greater than 3, unmet need greater than 15 percent or 20 percent, and CPR between 35 percent or 45 percent;</p> <p>Conduct formative research to inform the development and adaptation and field-testing of IEC materials in local ethnic languages; and</p> <p>Pilot youth-friendly service counselling rooms—separate from the maternal, neonatal, and child health unit—and in selected district hospitals.</p>
<p>CIP/RH Strategy Priorities</p>	
<ol style="list-style-type: none"> 1. Increase information and promotion of long-acting reversible contraceptives (LARC), namely implants and intra-uterine devices (IUD) and increase the number of midwives able to perform the procedures for insertion of LARCs in both public and private sectors. 2. Improve the capacity at health centres to forecast, procure and distribute contraceptive commodities to ensure a reduction of stock-outs in these facilities. 3. Ensure that demand generation is well-targeted priority population namely young people living in rural and urban areas, inclusive of men in promotion messages, events and campaigns for family planning services. 	
<p>Lao PDR Priorities</p>	
<p>Priorities: Following modelling through FP Goals model, results of the modelling gathered in the Costed Implementation Plan (CIP) development phase have informed the strategic priorities, including the areas of focus for implementation and the allocation of financial resources. These priorities will help provinces reach the national mCPR goal.</p> <p>Three Strategic Priorities:</p> <ol style="list-style-type: none"> 1. Priority 1: Increase information and promotion of long-acting reversible contraceptives (LARC), particularly implants and intra-uterine devices (IUD), and increase the number of midwives able to perform the procedures for insertion and removal of LARCs. 2. Priority 2: Improve the capacity at priority health centres to forecast, procure and distribute contraceptive commodities to ensure a reduction of stock-outs in these facilities. 3. Priority 3: Ensure demand generation is well-targeted and rights based to priority population groups, namely young people living in rural and urban areas, and includes men in promotion messages, events and campaigns for family planning services. 	
<p>Focal Point, Secretariat and Partners Actions</p>	

Priority #1: Increase information and promotion of long-acting reversible contraceptives (LARC), particularly implants and intra-uterine devices (IUD), and increase the number of midwives able to perform the procedures for insertion and removal of LARCs

Focal Point Actions	Who	Timeline
1a. Continued advocacy at the central level (Ministry of Justice, MPI, MOF, DPIC, Food and Drug, Curative and Legislative Division) and to provincial governors to increase CIP understanding/buy-in, including for full choice of contraceptives.	DHHP/UNFPA	May – July 2017
1b. Conduct consensus workshop for 2017 and 2018, with a focus on using and strengthening quality of DHIS2 data.	MOH/UNFPA	Q3 2017 and Q3 2018
1c. Continue discussion on the long-term RH commodity security with key partners in FP Commodity Task Force meeting and develop a transition plan to support government such as introduce the Total Market Approach concept and initiate process	MOH (Cabinet, DHHP, DOF, FDD, DHC)/UNFPA	May 2017 – December 2018

Secretariat Actions	Who	Timeline
1a. Prioritise and share opportunities for funding for 2017 and 2018 and/or support to identify TA during the (financial) transition period, such as expert on Total Market Approach	Secretariat	May 2017 – December 2018
1b. Through the RRM, support PSI Laos to 1) Train private sector providers on LARC insertion/removal, 2). Support the MOH to advocate to repeal the IUD ban in the private sector.	Secretariat	May – December 2017
1c. Share information on evidence-based practices on social marketing, and financing commodities and services.	Secretariat	Q3 2017

Partner Actions	Who	Timeline
1a. Provide technical support to ensure better understanding of CIP and implementation modality and support for the national consensus workshop, including provisional mapping exercise and dashboard.	Track20	June – July 2017 and June 2018

Priority #2: Improve the capacity at health centres to forecast, procure and distribute contraceptive commodities to ensure a reduction of stock-outs in these facilities

Focal Point Actions	Who	Timeline
2a. Support Medical Product Supply Centre (MPSC) to ensure alignment of mSupply expansion programme (includes procurement of hardware, software of the mSupply, installation, training of staff, and monitoring) to identified priority provinces based on the CIP for Savannakhet and Bokeo province	FDD, MPSC/UNFPA	May – December 2017
2b. Support Medical Product Supply Centre (MPSC) to ensure alignment of mSupply expansion programme (includes procurement of hardware, software of the mSupply, installation, training of staff, and monitoring) to identified priority provinces based on the CIP for Bolikhamsay, Phongsaly, Huaphan and Xiengkouang provinces	FDD, MPSC/UNFPA	January – December 2018

Secretariat Actions	Who	Timeline
2a. Through the RRM, supporting UNFPA's efforts to disseminate the CIP and assist provinces in budgeting for FP commodities.	Secretariat	May – December 2017
2b. Share information and high-impact practices on supply chain management.	Secretariat	Q3 2017

Partner Actions	Who	Timeline
2a. Technical support required to support with the expansion of mSupply	CHAI	May 2017 – December 2018

Priority #3: Ensure demand generation, service provision and advocacy is well-targeted and rights based to priority population groups, namely young people living in rural and urban areas, and includes men in promotion messages, events and campaigns for family planning services

Focal Point Actions	Who	Timeline
3a. Strengthen quality of care by capacity development of health providers through training of trainers on rights based FP	MOH (DHHP, DTR)/UNFPA	July – September 2017
3b. Roll out of training to provinces	MOH (DHHP, DTR)/UNFPA	2018 (depending on available budget)
3c. Develop key messages and tools, including definition of Family Planning for advocacy purposes for different levels (decision-makers, providers, communities), in line with the upcoming MOH Communication strategy.	MOH (DHHP, CIEH, MCHC)/UNFPA	May 2017 – December 2018
3d. Advocacy to provincial governors in the annual review meeting on the RMNCH Strategy Implementation	MOH (DHHP, CIEH, MCHC)/UNFPA	May 2017 – December 2018
3e. Implementation of CIP in priority provinces: <ul style="list-style-type: none"> Roll out group discussions + community Family planning days (by district and per village) Outreach activities to working youth 	MOH (DHHP, CIEH, MCHC)/UNFPA	May 2017 – December 2018

Secretariat Actions	Who	Timeline
3a. Share RB FP presentation for advocacy purposes, such as village chiefs, and community elders	Secretariat	Q4 2017
3b. Share best practices/evidence on engaging men and boys in demand generation and service provision	Secretariat	Q3 2017
3c. Share high-impact practices on health communication, particularly around enabling voluntary and informed decision-making.	Secretariat	Q3 2017

Partner Actions	Who	Timeline

Looking Ahead

At present, we are not aware of any key events happening in the next 18 months, however, there are likely to be reduced funding from partners which may cause difficulty in implementing FP programme as government is not yet ready to take over completely.

Funding Opportunities

- Based on the discussion during the FP Conference, World Bank pledged full support for commodity security should the government chooses to utilize funding offered through the Disbursement Linked Indicators (DLI). One specific DLI is 'No stock out of FP commodities in 14 priority provinces'
- At the Round Table meeting following the FP Conference, PSI proposed several opportunities where planned activities under the CIP implementations such as combining the CIP dissemination with the dissemination of the Safe Abortion Care in all 18 provinces which PSI already secured funding for; utilize PSI funding for training on LARC for private providers in key priority provinces; utilize opportunity to request funding from a PSI donor for 200,000 USD for LARC expansion that needed to be submitted by June 2017
- Luxembourg government is already supporting the SHE DECIDES campaign and will continue to support MOH through integration of FP in other programmes
- Having participated in the FP Conference, JICA focal point has seen how investment in FP can give a good return, therefore, had sent briefing to her government to request more support for the Lao programme. MOH will follow up with this.

ANNEX 1

TABLE 1. KEY INTERVENTIONS & SUB- INTERVENTIONS, CIP LAOS 2017-2020

Priority	Key intervention	Sub-intervention	Unit of measure for costing
<p>Priority 1: Increase information and promotion of long-acting reversible contraceptives (LARC), namely implants and intra-uterine devices (IUD) and increase the number of midwives able to perform the procedures for insertion of LARCs in both public and private sectors.</p>	Increase access to LARCs via public sector	<ul style="list-style-type: none"> Train midwife in LARC 	<ul style="list-style-type: none"> # Health centers to be trained on LARC provision
		<ul style="list-style-type: none"> Provide IUD insertion and implant commodities 	<ul style="list-style-type: none"> # Health centers needing medical supplies to insert IUD and Implants
		<ul style="list-style-type: none"> Provide supportive supervision (Province to District) 	<ul style="list-style-type: none"> # Districts needing supervision (Province to District)
		<ul style="list-style-type: none"> Health facility supervision (District to health center) 	<ul style="list-style-type: none"> # Health centers needing supervision (District to health centers)
		<ul style="list-style-type: none"> Promote availability of services 	<ul style="list-style-type: none"> Promotion of services (# districts)
	Increase provision of LARC in private sector	<ul style="list-style-type: none"> Train midwife in LARC 	<ul style="list-style-type: none"> # private facilities to be trained on LARC provision
		<ul style="list-style-type: none"> Incentives for private providers* 	<ul style="list-style-type: none"> Financing for private providers
<p>Priority 2: Improve the capacity at health centres to forecast, procure and distribute contraceptive commodities to ensure a reduction of stock-outs in these facilities.</p>	Reduce stock outs	<ul style="list-style-type: none"> Reduce stock-out in facility 	<ul style="list-style-type: none"> # facilities with stock outs to be eliminated
<p>Priority 3: Ensure that demand generation is well-targeted priority population namely young people living in rural and urban areas, inclusive of men in promotion messages, events and campaigns for family planning services.</p>	Demand generation activities	<ul style="list-style-type: none"> FP community days 	<ul style="list-style-type: none"> # of FP community days held
		<ul style="list-style-type: none"> FP discussion groups 	<ul style="list-style-type: none"> # of discussion groups held
	Youth-focused: Outreach activities to working youth	<ul style="list-style-type: none"> Outreach events and activities to working youth 	<ul style="list-style-type: none"> # outreach events at provincial towns and Vientiane Capital
			<ul style="list-style-type: none"> # outreach events at district towns
	Youth-focused: Outreach	<ul style="list-style-type: none"> Outreach events and activities to youth in school 	<ul style="list-style-type: none"> # outreach events at provincial towns and Vientiane Capital
<ul style="list-style-type: none"> # outreach events at district towns 			

	activities to youth in school		
	Youth-focused: train government staff to provide YF outreach activities	<ul style="list-style-type: none"> • Provide youth-friendly activities and outreach 	<ul style="list-style-type: none"> • # trained from Provincial/Vientiane Capital
			<ul style="list-style-type: none"> • # trained from District
			<ul style="list-style-type: none"> • # trained from sub-district (based on #HF)

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